

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY

Mailing: 123 Chalan Kareta, Mangilao, GU 96913
Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910
www.dphss.guam.gov • Ph.: 1.671.735.7410 • Fax: 1.671.735.7413



RECIPROCITY CHECKLIST

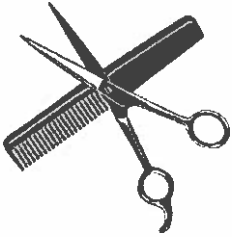
☐ Cosmetologist ☐ Manicurist ☐ Barber ☐ Esthetician ☐ Instructor

Name of Applicant: _____

Date Application Submitted: _____

1. _____ Completed and notarized Application
2. _____ Two 2 ½ x 2 ½ Photo (Must be within the last 90 days and white background – signed and date on the back)
3. _____ Photo ID with date of birth or certified copy of birth certificate
4. _____ Three (3) letters of reference of good moral character addressed to the Board containing the complete legal name of the individual making the reference, with his/her mailing address, residential address, place of employment and telephone numbers.
5. _____ Police Clearance from your place of residence within the last 12 months
6. _____ Payment Fee of \$20.00 (Record of Payment – GBBC-8)
7. _____ Verification from Original State of Licensure
8. _____ Current copy of License

BOARD MEMBER SIGNATURE	ACTION	DATE	COMMENTS
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		



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RECIPROCITY APPLICATION

A. General Information

1. Type or Print (use blue or black ink).
2. Return completed application and fee with "Record of Payment" form to the GBBC address shown above.

Type of License desired: ☐ Cosmetologist ☐ Barber ☐ Manicurist ☐ Esthetician ☐ Instructor

1. Name: _____
Last First Middle

2. Social Security Number: _____ Date of Birth: _____

3. Mailing Address: _____
STREET/P.O. BOX CITY STATE ZIP CODE

4. Email Address: _____

5. Telephone: HOME: _____ WORK: _____ OTHER: _____

6. Cosmetology School Attended and Address: _____

7. Enrollment Date: _____ Graduation Date: _____

8. Current Licensing State Board: _____

9. License No. Issued: _____ Issue Date: _____ Expiration Date: _____

B. Affidavit: To be sworn before an officer authorized to administer oaths by the applicant who has completed this form and applying on Guam for licensure by reciprocity.

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20_____.

NOTARY PUBLIC: _____

COMMISSION EXPIRES: _____
DATE

NOTARY PUBLIC SEAL



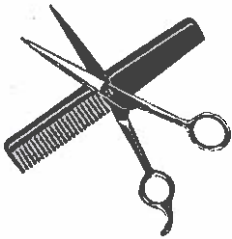
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VERIFICATION FORM

PART I: To be completed by the applicant and forwarded to appropriate licensing Board			
Name of Licensee: (Last, First, Middle/Maiden)		Previous Name(s):	
Date of Birth:	Social Security Number:	Current License Number:	State Licensed Issued:
Name as it appears on original license: (Last, First, Middle/Maiden)			Date License Initially Issued:
I hereby authorize the Board of Cosmetology to release my license data to the Guam Board of Barbering and Cosmetology.			
_____ Signature of Applicant		_____ Date	
PART II: To be completed by Licensing Board and forwarded to the Guam Board of Barbering and Cosmetology.			
This is to certify that the above named individual was issued :			
Type of License: _____ License Number: _____ Date License Issued: _____			
Licensure Status: _____ Active _____ Inactive Expiration Date: _____			
If licensed by examination, did the licensee participate and successfully pass the National-Interstate Council of State Boards of Cosmetology (NIC) Theory and Practical Examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has this license ever been encumbered, denied, revoked, suspended, surrendered, limited, or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach documentation.			
Name and Address of Cosmetology School Attended: _____ _____ _____			
The above names applicant started program on _____ from _____ to _____ for a total of _____ hours			
BOARD SEAL		_____ Name of Official completing this form	
		_____ Title	
		_____ Signature	
		_____ Date	
Note: This form must be returned directly to the Guam Board of Barbering and Cosmetology by the State agency completing this form. This form will not be accepted from the Licensee.			



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

III. Fee: Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

- | | |
|---------------------------------------------------------------------------------------------------------|-----------|
| 1. () Examination and Registration as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 20.00 |
| 2. () Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 10.00 |
| 3. () Examination and Registration as an Instructor | \$ 20.00 |
| 4. () Re-Examination and Registration as an Instructor | \$ 10.00 |
| 5. () Renewal of Certificates | \$ 4.00 |
| 6. () Cosmetological Establishment License and Certificate | \$ 20.00 |
| 7. () Renewal of Cosmetological Establishment License | \$ 4.00 |
| 8. () School of Cosmetology License and Certificate | \$ 100.00 |
| 9. () Renewal of School of Cosmetology License and Certificate | \$ 25.00 |
| 10. () Photocopy of record per page | \$ 1.00 |
| 11. () Initial Application Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) | \$ 200.00 |
| 12. () Annual Special License Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) | \$ 800.00 |
| 13. () Late Renewal Fee | \$ 20.00 |

NOTE: All checks and money order must be made payable to "Treasurer of Guam". Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office then return the processed form to GBBC. Off-island applicants, return this form with your payment to GBBC at the above address. **ALL LICENSES/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE.**

FOR OFFICE USE ONLY: Form of Payment: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card

Field Receipt # _____ Date Paid: _____



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RECORD OF PAYMENT

IV. IDENTIFICATION

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CASHIER COPY

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Name: _____ Social Security Number: _____

VI. Fee: Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

1. () Examination and Registration as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 20.00
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